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ABSTRACT

This collection of articles shows how different forms of education can be combined with the various youth services offered by public and private agencies. It outlines the administrative arrangements made in different cities in efforts to deliver counseling and related services to various populations such as pregnant teenagers, emotionally disturbed public school children, mothers, and residents of group homes. The material should be useful to anyone concerned with coordinating either human services or educational programs. Where appropriate, the articles list goals of the programs, entrance criteria, amounts and sources of funding, and forms of evaluation. In many cases the history of the program is described, including ways to facilitate cooperation among formerly isolated agencies. The articles provide proof that such coordinated services can be successful, details on how they have been organized, and ideas for how similar programs might be carried out in other cities. (BP)

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Building Education into Youth Services

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School children with behavioral problems are aided by guidance experts under contract to Northampton, Massachusetts, schools.

ROBERT M. MYERS. Legislation—all by itself—solves nothing. During the past decade we have had a great deal of innovative, creative legislation enacted at both the State and Federal levels. But without the people and the will to carry out that legislation, the laws themselves have little meaning.

Such was the case back in 1955, when the Massachusetts General Court (or legislature) made it possible for school systems in Massachusetts to receive State reimbursement for a portion of salary paid for school adjustment counselors.

The objective of the program is to assist maladjusted or emotionally disturbed children in the early school years so that the incidence of underachievement and behavorial disorders might be reduced later on. Each school adjustment counselor carries a specialized caseload of children who present behaviorial or emotional disturbances in school, including children who are withdrawn and children who are serious under-achievers. The counselor works under the supervision of a trained social worker and is expected, if trained in a different field, to incorporate the philosophy and approach of social work in his dealings with the children.

Although some school systems were able to establish programs quite early, the Northampton School Department, as late as 1965, was unable to attract a qualified person as a school adjustment counselor because it could not offer social work supervision within its program. Nor was it prepared to underwrite the cost of importing someone with enough experience to function without social work supervision in establishing a new program.

Meanwhile, the Department was sponsoring a summer Head Start program and turned to our Children's Aid and Family Service to supply a part-time social worker. One result of a satisfying partnership experience in the Head Start program was a plan, worked out for the School Department, to institute school adjustment counseling. The purchase of the service of a social worker would be from the Children's Aid and Family Service, with the agency providing the necessary supervision. The initial contract called for five half-days a week and covered the 1966-67 academic year.

Since there were 11 elementary schools, it was unrealistic for one half-time caseworker to attempt to meet all the needs of the school system. The counselor's assignment was limited to two schools, both under the same principal. The principal was receptive and cooperative. Some of the teachers welcomed the offer of counseling service; some were friendly but adopted a "wait-and-see" attitude; some openly questioned the validity of the service.

Much of the supervision of the counselor during the first half year focused on helping teachers learn how to use the new service. The friendliness of the agency staff member assigned to the service contributed a great deal in winning acceptance of the service by the teachers.

In the beginning, referrals to the counselor came primarily from the principal, because teachers continued routinely to bring their problem situations to him. However, by mid-year, teachers were coming more often to the counselor directly, not only to refer cases but to have an informal discussion of problem children or to ask help in handling specific classroom situations.

The counselor also received occasional requests from the superintendent for help in crisis situations in other schools. To avoid letting these requests preempt time committed to the schools she was serving, it was necessary to limit services in other schools to consultations with principal and teacher.

The existence of the service in two schools and the limited consultation available in other schools soon created pressure to extend the service. During the 1967-68 and 1968-69 academic years, the agency provided *two* half-time counselors with *four* schools included in the basic program—and with increasing pressure for help in special situations in other schools.

In the 1969-70 academic year the service was more than doubled: service was

provided by four half-time counselors plus a supervisor working in the school setting. As some counseling time has been made available to children in special classes, a need has been recognized for an additional full-time counselor to serve these children and their families. Unfortunately, budget limitations have forced postponement of action on this proposal.

Even though the service was carried out by our agency, it was conjectured that the school system might be assuming responsibility for some problems previously referred to agencies and that this might reduce the pressure on community agencies for supportive services. Actually, referrals to the Children's Aid and Family Service increased rapidly during the existence of this service.

A substantial part of the increase can be attributed either directly or indirectly to the existence of the service in the schools and the closer connection between the schools and the agency. School adjustment counselors do not undertake treatment of family problems that are not directly school-related. Therefore, they frequently refer the families back to the Children's Aid and Family Service or on to community mental health services.

Their presence in the schools, their contacts with teachers and principals, and their knowledge of agency resources have increased the awareness and acceptance by other school personnel of agency services as a resource. Further, the school psychiatrist is one of the consultants at the agency, and he has encouraged referrals to the agency by the school adjustment counselors. Hence, although the School Department has covered costs of the service provided by agency staff members working in the school system, the agency has had to turn to other sources of funds to meet the increased intake stimulated by the service.

The Department requires that the school adjustment counselor have a master's degree from a recognized graduate school of social work; or a master's degree in guidance and counseling from a school of education; or at least be a graduate student in training in a school of social work.

We would also prefer the counselor to have experience in casework or school counseling because there is a variety of demands made upon the counselor in our system. In the area of direct services, the counselor is called upon to perform the following assignments:

interviewing children as an aid to assessing problems in the child's relationship to the school setting;

observing classroom sessions to evaluate behavior and adjustment of specific children;

interviewing parents, at school or in their homes, as an aid in understanding their children's needs;

interviewing parents as part of a plan of treatment;

interviewing children on a regular schedule at weekly or other intervals, as part of a treatment plan;

interviewing or corresponding with other professionals such as physicians, social agency personnel, police, and probation officers;

preparing a statement of a child's problems and related background material for the psychiatric consultant or other appropriate personnel;

assessing needs and priorities among the children referred;

and holding conferences with teachers and principals at the time of referral and for followup evaluation of progress.

Experience in school counseling and casework is preferred.

In the area of indirect services, the counselor consults with teachers as to how the teacher may meet a child's needs more effectively. Recommendations may be based upon observations of a particular child by the school adjustment counselor. In the area of administrative responsibility, the counselor maintains statistical records in relation to her own caseload, interprets the school adjustment counseling function and progress in relation to her work in the schools and in relation to the program of the Children's Aid and Family Service and in special public relations situations, and performs a few other administrative tasks as well.

During each academic year, we have also taken one person from the University of Massachusetts Department of Education as an intern. Usually there have been two or more candidates; the agency has taken responsibility for selection of the candidate who seems to us most likely to respond to social work supervision. Because the intern has not had social work training, we have planned extra supervisory time. We have also paid a small stipend (substantially less than the social work salary scale).

There have been special considerations involved with the Smith College School of Social Work trainees. Again, we have taken only one in each of the two academic years when we accepted School of Social Work placements. One was a first-year student, the other was a second-year student.

The School of Social Work calendar differs from the public calendar; as a result, the School of Social Work student begins work two weeks or more after the beginning of the public school year and completes his assignments a week or more before the close of the school year. We have worked out special understandings so that the holiday and vacation privileges of the student conform to the public school calendar.

To compensate for the shorter year, the social work student puts in more hours of work per day. Since this is a block placement (five full days a week), the agency has a responsibility to pro-

vide the student with other training experiences beyond the half-time school counseling assignment. This is achieved in two ways.

The student is assigned a few "agency cases" which have no connection with the public school counseling program. Also, the student assumes a broader responsibility for school adjustment counseling cases, carrying work with the child's parents and other family members, whereas other school adjustment counselors would make a referral to a family agency or a mental health agency.

School adjustment counselors receive their salary payment directly from the school agency, which also pays the employer's share of FICA and (in some instances) carries other benefits. Counselors working exclusively in the school program put in approximately a six-hour day compared to the agency's seven-hour day. This is reflected in the salary payment, which is six-sevenths of what the person would earn if employed in the agency's regular service program.

School adjustment counselors are paid only during the school year, so that the salary—already reduced in the ratio of 6/7—is further reduced in the ratio of approximately 10 months out of 12 months. Sometimes we have employed the school adjustment counselor extra hours on agency cases, at other times the school adjustment counselor has worked for the agency during the summer, depending upon agency needs. These possibilities are always discussed at the time of employment.

In several instances we have used as school adjustment counselors people trained in social work who have school-age children at home. They are glad to have a less than full-time job which does not require their working during the summer months and which conforms in general to school holidays and vacations.

Our costs, including all overhead expenses for the calendar year of 1972, works out to an average of $6,425 per half-time school adjustment counselor. The range goes from a $2,500 student stipend to the $10,000 earned by a half-time worker in our regular agency program.

It should be noted here that our entire salary level is low, compared with agencies in larger metropolitan areas. Our beginning salary for a person with an MSW is still $7,500; our maximum for an experienced social worker not carrying supervisory responsibility is $10,000. Actually, our salary levels tend to be somewhat lower than salaries paid to public school teachers with comparable training and experience.

Although the services of the school adjustment counselors were originally offered only to children through the sixth grade, the experience of the counselors was tentatively made available to junior high school guidance counselors receiving individual students from our elementary schools. As of January, 1971, however, the service has officially been expanded into the junior high.

Existence of a viable school adjustment counseling service supplied by our private (United Fund) agency in this school system has made it possible for us to offer similar service to other school districts within our service area, even though a particular town or school district may not be able to afford even a half-time counselor.

We believe the operation of this program over a four-year period has demonstrated the possibility of a successful working relationship between public schools and private social service agencies, with substantial benefit to children and their families throughout the community.

An incidental but not inconsequential benefit is derived by children who are *not* seen by the school adjustment counselor. They profit educationally and socially because their teachers are less preoccupied with the one child who is underachieving or who is overtly interfering with the educational process for all his classmates.

The benefit is general, to be sure. IN

Mr. Myers is Executive Director of the Children's Aid and Family Service in Northampton, Massachusetts.

A social service agency in up-state New York places priority on providing educational opportunities and counseling plus other services for pregnant school-age girls.

CHARLOTTE S. CREIGHTON. Many school-age unwed mothers are forced to face a wide spectrum of difficult problems. The pregnancy in itself compounds the physical and emotional turmoil of adolescence. Young mothers-to-be fear ostracism by peers, suffer hostility problems, sibling rivalry, and parental conflict. They worry about the future, are apprehensive about labor and delivery, and are overwhelmed by alternative decisions for the baby.

But schooling is a major concern to most of them, since the interruption in their education will have an impact on their maturity and independence.

While the majority of States have compulsory education laws which require youths to attend schools and/or receive education until age 16, the laws in many instances have been interpreted to deliberately exclude unmarried mothers. Some States adhere to a residence restriction and deny education to out-of-State girls who seek anonymity away from home. Other States have purposely overlooked unwed mothers for budgetary reasons.

In all communities, the subject of continuing education for unwed school-age pregnant girls or for teenage mothers provokes varying personal and community reactions. Some school systems have mandated that the unwed mother leave school immediately when her pregnancy is identified, while others have been more lenient.

Within a given school system, inconsistent policies have been practiced. The same variation has existed in relation to school policy concerning the timing of the unwed mother's return to school; in some cases the mother has been asked to change schools.

Our private, non-sectarian agency, Northaven, Inc., is committed to the principle that pregnant girls of school age have a right to the best education available, that they should have the same status as their non-pregnant peers. Over the years, this principle has been shared with increased interest by the Rochester schools.

Northaven, Inc., now in its 77th year in Rochester, offers complete services to unwed parents, foster parents, adoptive parents, and children with social needs; but it considers quality education for pregnant girls as one of the primary features of its program.

Northaven had its beginning in 1895 as the Rochester Door of Hope Association. The original charter stated that the objectives of the agency were "the rescue, shelter, and reform of wayward and fallen women and the maintenance of a home for the same." From this early and unsophisticated beginning, the organization has evolved into a mature and modern social agency which provides a wide spectrum of professional services for people who seek its help. Among its many services are individual and group counseling, practical assistance with child care, budgeting, parenthood, vocational training, and social and recreational activities.

Northaven's maternity home population in general is comprised of younger adolescents, mostly girls from economically deprived homes and girls with emotional and family-centered problems. Our staff, therefore, has been designed to cope with troubled adolescents; still, the education and tutoring program plays a vital role in rehabilitation.

During the beginning years of the agency and well into the early 1950's informal educational opportunities were part of our maternity home program. Girls were encouraged to learn trades, were given instruction in cooking, dressmaking, hygiene, and typing. Several teachers from nearby West High School provided, on a volunteer basis, tutoring and remedial help.

In 1955 the Board of Directors decided to pursue all possible avenues to establish a formal, accredited, educational program.

In 1957, as an interim measure, the Rochester Board of Education agreed to supply a list of substitute teachers and tutors. The Community Chest of Rochester and Monroe County approved an expenditure of $999.00 for an experimental educational program.

A special arrangement with the Rochester Board of Education in 1958 made it possible to provide accredited tutoring service to the unwed mothers served by Northaven. Originally the educational program was limited to maternity home residents. Later, tutoring was also offered to unwed mothers residing in agency-sponsored family homes in the community, day care students in the maternity home, and girls living at home. Suburban schools began to participate in the early 1960's.

In recent years, the educational program has broadened in scope and now includes an extension of Northaven's professional expertise outward to the schools. Under the joint auspices of Northaven, Inc., the Family Life Education Department of Family Service of Rochester, Planned Parenthood, and the Jewish Family Service, 10-session workshops have been offered to high school teachers, guidance counselors, nurses, and others on the multi-faceted subject of human sexuality.

Northaven's professional staff members are increasingly in demand to speak to high school classes and school personnel. Students and school personnel visit the agency to learn about the comprehensive pre- and post-delivery services that we offer. Representatives from the local schools serve on our Board of Directors and its committees. Northaven's sound movie, *I Am 17 and Pregnant and Don't Know What To Do*, produced by the Children's Aid Society of California, is constantly on loan to the high schools in the area. Northaven has also participated in graduate credit summer courses on human sexuality conducted at the University of Rochester.

In 1969 the Board of Education, through Federal funding, established a centralized school program for the city's unwed mothers at the YWCA. Northaven, Inc., has cooperated with both the YWCA and the Board of Education in this endeavor.

The program tutors used at the home are all certified teachers: the majority have their master's degree. Approximately 12 experienced teachers staff the program, which incorporates a wide range of subjects.

Each girl's academic background is discussed with the tutor after a talk with the girl's own school counselor in order to learn about her motivation and the status of her courses. On this one-to-one basis, individualized attention can be given to the girl's weaknesses in her courses. Special problems are handled carefully (slow learners, the retarded). Our purpose would be defeated if we presented a girl with regular textbooks when she should be given special education.

Tutors are oriented to the confidentiality of problems, but knowledge about a girl's background helps the tutor understand moods and also feel part of an organization trying to support the girl's needs. We are not interested only in academic development but also in the development of self-esteem and the girl's sense of her own self-importance as a human being.

Special areas of interest can also be developed. One girl was very interested in horticulture. Her tutor provided field trips to see that the girl knew what was involved in this subject. SAT and PSAT preparation programs can be arranged in local schools administering these tests for college placement.

We stress real-world experiences in which strengths are encouraged and weaknesses minimized so that when a girl returns to her home school she might possibly be in a better position academically than her fellow students.

One of the residents of Northaven wrote to the girls presently there: "If some of you are still in school, keep working hard. I know it's hard to, but it all pays off. After you have your baby, go back to school and hold your head up high. Don't be ashamed, be proud! Last April I went back to school and survived. I also graduated in the top quarter out of 320 pupils. Show everyone what you can do. The next few months won't be easy but each one of you will make it through, and you'll all be the better for this learning experience."

And one of our counselors comments on a case we handled at Northaven: "This girl was admitted to residence at Northaven's maternity home at age 13. Her family background was one of severe deprivation at both the emotional and economic levels. Her school history was one of long-standing adjustment problems; psychological test evaluations placed her in the mild mental retarded range. In the maternity home, tutoring was arranged for her at a special class level and the staff and volunteers provided planned and rather extensive additional input. Interestingly, her peers in the residence were also involved.

Social group work service is a workable method.

"As a result, her understanding of some basic concepts, such as personal hygiene, improved tremendously and she also gained in creativity. The carry-over value of this educational effort was seen in her ability to care for herself and her child reasonably and adequately under supervision."

And a quotation from one of our tutors: "[A girl] was a junior in an out-of-town high school. I tutored her in business arithmetic and shorthand. She finished her junior year, returned home for the summer, and rejoined her Rochester family in September. She was active in

church and youth organizations and was elected a member of the National Honor Society. She received a State scholarship to a nursing school from which she was graduated.

"After about two years, she was married to a young man who has since received his doctor's degree. They have two lovely children. It is always a joy to hear from her.

"This is just one of the happy recollections of my tutoring at Northaven. I could relate others. I agree with one of the counselors in his feelings that sometimes the fact the girl has someone to talk to in an unofficial way is almost as important as the subject matter they are taught."

Despite the more liberal views today regarding the broad area of human sexuality, the pregnant schoolgirl encounters many difficulties. She experiences hardships in housing, financial assistance, employment, and education.

Providing for the education of unmarried mothers obviously calls for the cooperative efforts of educators, social workers in schools, in school extension programs, in maternity homes, and in other social agencies. School agency communication is an on-going essential process to keep up with change, to improve parenthood.

New York State legislation recently signed by Governor Nelson Rockefeller now permits the girl to remain in her own school as long as she so desires. The implementation of this law will present rewarding challenges.

The majority of pregnant girls want to continue their education. The majority of girls tutored at Northaven have completed their high school educations; many have obtained higher training in good schools. We feel that the educational program of any maternity center is a vital component in helping the young girl adjust naturally to her life ahead.

Ms. Creighton is Executive Director of Northaven, Inc., in Rochester, New York.

Richmond, Virginia, agencies have pooled their resources to offer more comprehensive service delivery for public school children.

JOHN C. PURNELL, JR. In September of 1970, the Friends' Association of Children in Richmond, Virginia, and the local Department of Social Work Services teamed their personnel in an attempt to give more effective social service to public school children. The two agencies had previously cooperated in the referral and counseling of both pupils and their families, but this extension of services in groups to youngsters was a new concept.

The Friends' Association, which was founded in 1871, is a voluntary, child welfare agency receiving its support from the United Givers Fund. It offers a multi-social welfare program, but its efforts had mainly been directed toward work with individuals. It used the social casework approach up to the time that the group service concept was inaugurated. The black community in Richmond has been the primary consumer of the agency's services.

In the Spring of 1970, it was proposed that the agency could meet current social problems more realistically by the addition of a social group-work program. At that time, obvious concerns were raised about group formation, composition, and the possibilities of success.

However, a review of the agency's statistics showed that many referrals for service had been received from local schools and the juvenile court in the previous two years, but in many of these cases there had been no follow-through.

A series of meetings between the staffs of both agencies resulted in an agreement on social group services as a means of help-ing pupils. At these meetings it was admitted that the staff of the Department of Social Work Services was too limited to offer the direct services which were presently needed to help pupils in the school system.

Thus, the Friends' Association offered to concentrate its group services program on these pupils, provided that the two staffs would work cooperatively in the delivery of services.

The project had an uncertain beginning: the major problem was the selection of schools in which to work. The primary concern was to select schools where the administration and teaching staffs would be receptive to a new service administered by an outside agency.

The following criteria were ultimately established in selecting schools:

1. The principal would agree to support the service.
2. Groups would be conducted in school buildings during regular class hours.
3. Group participants could be enrolled in either elementary or middle schools.

Four schools were chosen initially: one middle school and three elementary schools. Each was located in low-income, predominantly black communities, even though the schools were racially mixed. They all had a high number of behavioral problems. It was reasoned that the success of the service depended upon the cooperation of school personnel.

Principals, teachers, and counselors were informed that the primary goal of the program was to assist pupils who demonstrated school adjustment problems. We felt that the goal could be realized if pupils were referred for group services rather than being suspended from school. The group process was designed to be preventive and to help pupils obtain a level of acceptable classroom behavior while they remained in school.

The social group worker from Friends' was designated as the group worker. School social workers in each school were assigned to coordinate the group service project. The aim of this team was to identify group participants and offer related services to resolve conflicts.

School social workers and counselors received referrals from classroom teachers for group enrollment. The referral form included basic identifying information, along with school grade, residence, and the employment status of parents.

The composition of the group was

determined by the nature of the referral, but was not limited by sex or race. The ages of participants were fairly consistent, since they were at the same grade level.

The project team was comprised of the social group worker, social workers and counselors, and teachers. All activities of the participants in the classroom, group, and general school environment were evaluated in team meetings scheduled by the team. Home visits and other parent involvement were arranged as the need indicated. The successful formations of groups and their progress were tied directly to the ability of the team members to work cooperatively. At times, psychologist, nurses, and other behavioral specialists were involved in the team process.

The size of the group averaged from 10 to 12 pupils. Sessions were held weekly for 1 1/2 hours. Groups were identified as "natural" or "formed"; enrollment was considered "opened" or "closed". They were designated as "ongoing" or "time-limited." Most groups were limited in time because of the school year. The content of group interaction was either discussion, activity, or a combination. All groups were conducted at public school sites.

Group objectives were determined by the nature of problems presented. The following are the objectives established for a group of boys aged 10 to 12:

1. Help participants to discipline themselves, as opposed to impulsive acting out.
2. Find healthy male role models to pattern behavior after in the school, home, and community.
3. Promote small group interactions in order to establish relationships with peers.
4. Help participants function in a system where limits are established.
5. Help each enrollee cope with the school setting.

The social group worker employed a variety of techniques and methods to achieve the objectives, including field trips, tours, arts and crafts, and recreation activities. Because of the problems presented, groups were not highly structured and behavior modification resulted from involvement in group activity.

In two school years, September 1970 through May 1972, there were 33 groups enrolling approximately 300 students. These groups were conducted in 12 Richmond Public Schools. Progress results are not easy to measure because of the nature of the work. However, team members employed by the school system report that in almost all cases the classroom attitude and behavior of pupils improved noticeably.

In every case, the social group worker evaluated participants on their group performance. Two sets of records were kept on each group. The group record contained the referral form, weekly attendance sheet, and a monthly summary of group development. The following points were evaluated:

1. Group Interactions
2. Programs Used
3. Tone and Mood of Group
4. Modification of Goals and Objectives
5. Status of Group Development

This information was used primarily by the social group worker, but shared routinely with the staff.

The essential information for team use was the individual, monthly progress report. Brief but pertinent dictation was entered into the record each month on group enrollees. Close attention was given to adjustment, resolution of individual problem, progress, and reevaluation of individual goals. Copies of these reports were forwarded to school team members each month, and they were used as a basis for working with students in the school setting.

The initial success of the school project will lead to a continuation of group services. It is hoped that in the future the project can be expanded to include school personnel and parents. Meanwhile, Friends' continues to explore and offer other group services.

In addition to the school project, the agency staff has conducted groups composed of foster parents, preschool children, parents of preschool children, maternity home residents, unmarried mothers in the public schools, and juvenile offenders.

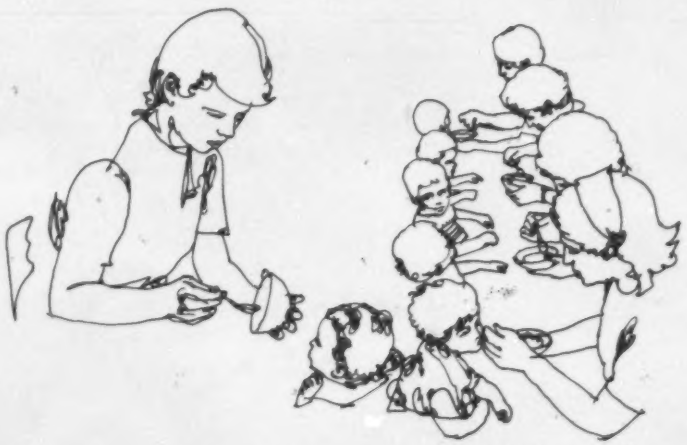
The experience over the last two years, therefore, demonstrates that social group work services is a workable method. The sharing of staff between the two agencies held costs to a minimum. The costs of supplies and transportation were shared; limited funds were spread among special activities.

The Friends' Association made a considerable staff investment in the project because of its belief that new patterns of service delivery are needed to find solutions to problems of inner city children.

Traditional mental health approaches are not flexible enough to achieve this end, but the effort on the part of a public and a private agency is a beginning toward finding innovative service delivery patterns for troubled children. **IN**

Mr. Purnell is Executive Director of the Friends' Association for Children in Richmond, Virginia.

Three Memphis agencies have pooled their facilities and personnel to offer a variety of services to emotionally disturbed children.



MILTON WILLNER. Today the increasing emphasis is away from institutionalization and more toward moving individuals back to their homes, schools, and communities.

In Memphis we are dedicated to this proposition in the handling of emotionally disturbed children. Three agencies have joined together in a cooperative venture to serve the needs of these children and their parents in an organized and comprehensive manner. Neither one of our agencies could do the job alone, nor was any other single agency—public or private—up to the task. However, the coming together of the Porter-Leath Children's Center, a private social service agency, with two public agencies did not occur overnight.

The Porter-Leath Children's Center was founded in 1969 through a merger between the old Porter-Leath Home and the Children's Bureau. The Home had a century-old tradition of assisting dependent and neglected children in institutional care; the Bureau provided care and treatment services to emotionally disturbed children in foster homes, group homes, and in their own homes.

The new Center soon terminated its institutional program and became a child welfare agency providing care and treatment services to moderately disturbed children able to use community resources. It was able to expand its services to poor families after receiving Title IV-A funds. For instance, we established a family day care program that recruited, trained, and supervised homes in low socioeconomic areas. The family day care homes took in children (some as young as six weeks of age) whose mothers wanted to get off the relief rolls and into a job or job training.

But we were still unsatisfied by the gap in community services for emotionally disturbed children and so arranged meetings with two other agencies to explore ways of filling that gap: the Memphis City Board of Education and the Sequoyah Center.

The Memphis City Board of Education operates a large urban educational system that includes among its educational services a wide range of special education classes for emotionally handicapped children as well as such services as psychological and psychiatric diagnosis and counseling.

The Sequoyah Center (formally, the Children's Re-Education Center) is a facility operating under the Tennessee Department of Mental Health; it provides short-term inpatient treatment on a five-day week basis. Its treatment philosophy is based on an educational approach to children's problems. The sequoyah Center utilizes techniques of behavior modification and communication procedures as its main treatment tools with children and their families.

However, each of the three agencies expressed its own inability to meet the needs of emotionally disturbed children, because each agency lacked the necessary full spectrum of services. The three agencies, therefore, agreed to join forces to develop a program that would provide interim help for these children. Each offered to contribute special services and selected staff members in an attempt to meet the needs of disturbed children ranging in age from latency to adolescence. The program was to be called "Project Treat."

Porter-Leath Children's Center provided casework counseling to children and their parents, psychiatric diagnosis and consultation, and foster care when indicated. The Memphis Board of Education offered a program of special education for the children during the school days and contributed a classroom with a teacher and a teacher's aide for eight children. The Sequoyah Center provided the recreation and group activities program and made available a skilled recreation counselor whose working day began at noon and continued until the supper hour. He worked with the teaching staff, tutoring individual children or handling individual children who showed signs of becoming unmanageable. At the end of the school day he conducted a group activities program for the children, usually remaining on the school

grounds, but also utilizing the special recreational facilities on the grounds of the mental health complex.

The program started in March 1970 and was considered so effective that the Board of Education opened a second classroom for eight or more children in the same age range in September 1970. At that time the teaching and recreation staff were also doubled.

Each organization shares the expenses of the program incidental to its participation. For the two public organizations, this means paying the salaries of the teaching and recreation staffs; for our private agency the additional costs are negligible, since we are able to absorb them in its operating budget.

Each of the participating organizations knew from past experience that while their objectives might be identical, their methods for attaining these objectives were quite different. Therefore, the participants agreed to establish guidelines to assure a unified treatment approach.

Administrative and supervisory staff from each organization mapped out guidelines to govern the philosophy and aims of Project Treat, the intake requirements, the respective responsibilities and the methods of operation. We also established a system of periodic review conferences to enable all participants to understand the needs and problems of each child and his family, establish an integrated treatment plan, and delineate the role of each of the practioners and organizations working with the child and his family in order to implement the integrated treatment plan. At these conferences, differences in philosophy and approach are resolved, since a conference does not end until full agreement is reached concerning the treatment approach.

We have found that once we can agree on our *basic* objectives and goals in working with a child and his family, our other differences become relatively minor. In fact, we are convinced that our different approaches, integrated as part of a unified treatment plan, complement each other and aid in treatment. We believe that no one discipline is the panacea for troubled children.

The program has no central administration; each agency is on an equal footing with the others, as are the representatives from the three organizations. Agreement on all matters must be unanimous. Monthly meetings—called to determine admissions, review progress of the children, or to share and discuss problems—are held on a rotating basis at the site of the organization convening the meeting; that organization's representative chairs the meeting.

The participants now agree that a central administration would be advisable, if we are to serve more children. When we doubled our capacity and increased the number of teachers, recreational workers, aides and social workers, it became somewhat more difficult to achieve the same freedom of communication which had previously existed.

Doubling capacity also required that the three administrators devote proportionately more time to the project. This was difficult to do because of demands in our own organizations. The answer would be centralizing administration. Moreover, a central administration would undoubtedly intensify our service; there would be planned activity for the children on weekends plus a full summer program. It would also facilitate matters, for example, if we had an administrative secretary, someone who would convene the meetings, prepare an agenda, take minutes, and be responsible for other related activities.

While we do not believe that it is impossible to continue to serve 16 children with our present structure, none of us would want to expand without changing our structure and putting in a central administration. As we discussed this possibility, we agreed that the Board of Education would be the most logical organization to administer the program; not only is its financial investment greater than that of the other organizations but, as a local tax-supported body, it is more accountable to the community than are the other organizations.

The greatest asset in our ability to work together as a team has been the professionalism of all the people involved. Many problems and potential problems developed. Porter-Leath Children's Center was not always able to place a child immediately in a proper foster care facility and the Board of Education was not always able to recruit a thoroughly experienced teaching staff.

Problems of this nature could have been the source of major conflict because of their impact on the total program. But we were able to share our problems in a professional manner and resolve them among ourselves. We were convinced that each of us wanted to provide the highest quality of service. At no time did any of us make an issue of these unavoidable operating problems. We had confidence in each other.

"...program not an alternative to residental treatment..."

We did not conceive of the program as a substitute or alternative for a residential treatment center. It was established to provide interim help to children for whom residential treatment was not available. If we accepted children—and we did—for whom residential treatment was indicated, it was not because we considered the project as good or equal to residential treatment, but because we had no choice: nothing else was available to meet their needs.

The program has contributed a great deal to each child's educational and social development. It has enabled parents to maintain their children at home; the children's school achievement has improved perceptibly; most of the children

have been able to move out of our classrooms into special education classes in the public school system; a few have been able to go into regular classes.

Whether these children would have received more help in residential treatment—and how much more—is a question we cannot answer. Perhaps our immediate success with some children might actually have reinforced the ego sufficiently to bring about more permanent change. Perhaps, too, there are children who did not receive the total help they actually had required.

Although it may be possible in the near future to develop a residential treatment center with the help of Federal funds, we tend to lean toward expanding the present program rather than developing a residential treatment center. For those children whose needs are greater than we can meet, we would recommend that funds, either public or private, should be available to purchase care from a regional residential treatment center.

It is true that the cost of care in such centers is high; but it is equally true, as other communities have discovered, that it would cost just as much per child to operate a local residential treatment center with the same high standards maintained in regional treatment centers.

The success of the project has convinced us that we have found a workable alternative to residential treatment for some disturbed children. Furthermore, we believe that our ability to help disturbed children in the community at a minimal cost suggests that, rather than assuming the considerable expense of constructing and operating a residential treatment center, it would be more practical for the community to purchase residential treatment services for those children from some treatment facility serving children on a regional basis. IN

Mr. Willner is Executive Director of the Porter-Leath Children's Center in Memphis, Tennessee.

The joining of group home care and counseling offers a variety of services to emotionally disturbed girls in Chicago.

ALTON M. BROTEN. The type of girl who is assisted by the Mary Bartelme Home for Girls in Chicago is neither pregnant, nor retarded, nor physically handicapped. Indeed, it might be easier to assist her if she were. The girl we help is, in psychiatric terms, emotionally disturbed—not sick enough for a mental institution, yet usually too distraught to live with relatives or in a foster home. She is often a bright girl but one who is headed for a breakdown or perhaps even delinquency.

The Mary Bartelme Home, named after the late distinguished judge of Chicago's juvenile court, is a private social service agency which was reorganized in 1960 from two earlier programs in the city. Its purpose is to help disadvantaged adolescent girls work out solutions to severe emotional and behavior problems, so that they can grow into reasonably happy, mature, productive, and responsible adults.

Our girls are not the kind of lost teenagers you read about so frequently in the daily press, the runaways from good homes. Rather, she is a girl who suffers from serious emotional disturbances as a consequence of living under conditions of fear or stress—and sometimes cruelty—from the time she was small. She might even have a home, of sorts, perhaps with an uncaring relative, an alcoholic or ineffectual parent, or a foster mother unable to cope with her.

We offer two principal services to these girls: *group home care* and a *comprehensive counseling service*. The *group home care* provides residential treatment of teen-age girls. The Home presently has six residences located in different neighborhoods of Chicago, as well as a seventh group home housed in an apartment.

Each of these group homes has facilities for eight girls who live under the supervision and guidance of a housemother. In this program, use is made of community resources on an individual basis, as well as other services offered by the Home, including after-care service following discharge.

The *comprehensive counseling service* is a multi-faceted service for teen-age and young adult girls who need extensive help, but who do not require residential treatment. Two types of service are offered under this program: service for girls of 17 to 19 who are attempting independent or semi-independent living arrangements in the community, and service for girls form 13 to 19 who are able to live at home while participating in the agency's program.

Our residence staff consists of a team of housemothers working on a shift basis around the clock; one counselor assigned to each residence; and part-time tutors. A Director of Residences generally has overall supervisory responsibility for three group homes. Our Directors of Group Residences, social work staff, special teachers, psychiatric consultants, and medical directors provide interrelated services under the management of the Assistant Executive Director of the Home.

The following are the components of our program:

Group Living. Most group homes have a population of seven to eight girls from ages 13 to 17, who—with the rotating staff of housemothers and the counselor—make up the residence group. A framework of rules and understandings guides activity. Girls are encouraged to take as much responsibility as they can within the group and setting.

Within this framework—and to the extent they manage themselves well—girls participate in the community. Staff are involved and are available for planned and spontaneous activity to help girls deal with personal needs and issues.

Community Experience. Depending upon rules, permission, and a girl's capacity, a range of opportunities is available within the community as they are to other teen-age girls living in the vicinity. These include developing friendships, finding part-time jobs, dating, shopping, attending entertainment, using parks, attending church, enrolling in public or private community schools, and using public transportation.

General and Special Education. Attendance at community schools is en-

couraged, with close liaison with teachers and counselors. The Chicago Board of Education operates a special school for those girls from this agency—girls who need more individualized teaching. Teachers of the special school work closely with other agency staff to provide a special degree of tolerance for the uneven, often slow, but gradual progress of the students.

Vocational Experience. A full-time school program is expected of every girl until age 17 at least. Emphasis is placed upon each girl continuing in school as long as she can profit from the experience. Recognition is given to the fact that finishing high school may not be the most desirable goal for all girls.

Within this context, girls are helped to determine their own academic and vocational goals. A variety of vocational training programs is available in the city and may be utilized, if their value for a girl is identified. It is possible for a girl, usually after age 17 and following some vocational training, to locate a job and begin working on a full-time basis.

Individual and Group Therapy. Social workers, aided by psychiatric consultation, engage in work with each girl, on as intensive a basis as is required, either through individual, group, or family therapy, or some combination of these. As a usual minimum, each girl has an individual session once a week with her social worker.

Counseling with Relatives. Social workers also engage in work with parents and relatives—as well as with other agencies, courts, and therapists—around issues pertaining to the placement and to planning for each girl and to relationships which exist and which have existed. The degree of such work and objectives will vary with each family.

Medical Services. Medical and dental care and services are provided under the direction of two physicians who function as medical directors for the agency. They select specialists who are used, as well as who guide staff in use of other medical resources. There is no resident medical staff; however, the physician is available for special calls in the event of illness or emergency.

Psychiatric Services. A consulting psychiatrist serves the agency and meets with staff weekly, sees girls individually for diagnostic evaluation, consults with staff regarding care and treatment of individual girls, and assists in making arrangements for psychotherapy or psychiatric hospitalization.

Leisure Time Activities. The staff assists girls in planning individual and small group activity—outings, crafts, parties—both within the residences and in the community. Much of the activity of girls age 15 and older is related to boys and dating; the staff provides limits and guidance.

Kinds of activities will be related to the special needs, problems, and abilities of the individual girl. Some girls demonstrate an ability to function independently in their planning; others need and receive adult leadership and supervision.

Comprehensive counseling services are designed to assist the older girl from age 17 to 19 with the transition to self-sustaining adult functioning. It is necessary to meet the needs of these girls in a variety of ways, tailor-made to the circumstances and to the person.

To offer the greatest possible service, all counseling service staff are involved to some extent with each girl, so that there can be a response to a girl's need at almost any time.

Girls may reside in their own or share apartments in a girls' club, in the YWCA, in a halfway house operated by this agency or another organization.

While encouragement is given to each girl to manage her own affairs, help is provided in a variety of direct ways, as well as through counseling services based at the agency offices.

Staff consists of a team of workers, led by an experienced director and assisted by social workers, counselors, and volunteers. Program components of our comprehensive counseling service are the following:

Housing and Home Life. Usually a girl will seek out and arrange her own housing, her "living plan" in the community following consultation with the staff. Aid is available to her in sustaining this plan and in working out any problems that arise. We help the girl develop a positive living experience for herself and for others who are with her.

Education. Assistance is obtained and provided for a girl to plan what she needs and wants in order to continue her academic education, to locate suitable programs that meet her requirements, and to work out the expenses that may be involved.

Medical Services. The staff assists in clarifying eligibility for certain free services, in locating medical services in the community, and in helping the girl use the needed services. Consultation is always available.

Psychiatric Services. Consultation is provided to staff who are serving the girls directly and perform intake interviews with girls and their families. A diagnostic interview may be offered to the girl. Assistance is provided in arranging psychiatric services in the community nearby.

Vocational. The Staff assists the girl in determining suitable work, in locating jobs or in learning procedures for finding work, in obtaining job training and in working out issues pertaining to specific employment and specific co-workers.

Community. Assistance is provided to a girl in developing meaningful and constructive experiences and affiliations in the community with other persons, with groups, with activity centers, with churches, and in other programs and resources. Direct intervention by staff may at times be indicated and possible.

Individual and Group Therapy. Social workers, aided by psychiatric consultation, engage in work with each girl on as intensive a basis as is required, either through group or individual therapy or some combination of these. It is desired that each girl should have an individual or a group session at least once a week.

Counseling with Relatives. Social workers are also engaged with parents and other relatives—as well as with agencies, courts, or others who are important to the girl. They follow through on issues pertaining to the girl's needs and problems and plans.

Financial. Management assistance is offered and is mandatory in most situations, with the agency guiding the distribution of any funds which the girls receive for their living expenses. These funds may come to the girls from the public agency, from the family or guardians, or from the girls' own earnings if they are working. The agency itself has limited funds for helping girls with living expenses.

Most of the girls who have been assisted by either of these two programs have become self-reliant young women, some holding down steady jobs, some now married with young children who will have a different chance in life. The salutary changes which have taken place in some of the girls are dramatic and almost incredible.

During 1971 our residential care program provided 12,481 days of care, contrasted with 9,261 days the preceeding year. In 1971 the counseling service provided 5,546 days of service, contrasted with 2,199 days the preceeding year.

However, we have even larger and more ambitious plans for the future, including:

Development of an on-going, integrated research design that will assist the agency in assessing the results of its services and the effectiveness of its approaches.

Extension of field work training programs beyond social work to child care, child psychiatry, special education, and ministry.

Development of service components located in southern and/or western sections of the metropolitan area.

Development of a day care/treatment program—with special school, social services, and activity components—for a capacity of 20 teen-age girls who can live at home.

Development of a network of six foster family group homes—on a subsidized basis—to care for a maximum of 24 girls.

Development of specialized group homes, such as:

1) a residence that is tied to a prescribed community area, with close links to the community; that provides short-term care, arranged on a private basis.

2) residences that provide care for girls with similar problems—such as the unwed mother or girl who is pregnant, the runaway, the girl who has been released from a correctional facility for delinquents, the girl who has been released from a pyschiatric hospital.

3) A residence that is geared only to girls who can return to their homes on the weekends.

Development of a "community service" division offering courses, workshops, and training programs which relate closely to the agency's experience; consultation to other groups and agencies; administrative or professional assistance to other groups and agencies for temporary periods; and shared projects and programs planned with other agencies.

Development of more volunteer services to augment the staff.

The authority of the Mary Bartelme Home for Girls is vested in a private Board of Managers, assisted by an associate member, a senior board, four auxiliaries, and an advisory board. The executive director bears responsibility for the overall administration. The agency is financed by payments for care and service by other agencies and by parents, by contributions from individuals, funds, foundations, trusts, by income from investments, by fund-raising activities of the boards and auxiliaries, and by the Community Fund.

Mr. Broten is the Executive Director of the Mary Bartelme Home for Girls in Chicago, Illinois.

An Oklahoma project attempts to alleviate behavioral problems in school children which lead to future delinquency.

HARLAN POWELL. Few professionals will argue with the concept that it would be a great boon if we could identify and treat symptoms of delinquency at an early age. But we can't. The state of the art is still quite crude. However, here in Oklahoma we have embarked upon an interagency demonstration project to see if that very concept can, in fact, be realized.

This new project was undertaken as a result of the State's earlier Juvenile Delinquency Planning Project which called attention to the fact that early detection of problems, even as far back as the prenatal stage, could provide the only hope for a major reduction of delinquency in our society.

Our current project is called "Community Services Coordination in Elementary Schools." We operate with the assistance of a grant from the Youth Development and Delinquency Prevention Administration (YDDPA) within SRS; the award of $110,000 was approved for a two-year pilot program on a 75-25 matching basis. The grantee was the Oklahoma Department of Institutions and Social and Rehabilitative Services (DISRS). The Department had proposed assigning four social service workers in four widely separated grade schools across the state. Cooperating in the program with DISRS were the State Departments of Education and of Mental Health.

Four schools in different parts of the State were initially selected; two other schools were later added to the project. In the selection of schools, priority was given to areas with a high delinquency rate, economic deprivation, and proximity to Model Cities areas. We have been primarily concerned with children in kindergarten through third grade. Our goal was the early identification of children with problems and their referral to appropriate community resources.

In operation the program consists of a BA-level social worker (employed full time by DISRS through the State Merit System) who is assigned to an elementary school. The worker—called a "service coordinator"—accepts referrals from teachers of children who present any observable problem in the classroom.

A school service committee, consisting of the principal, teacher, service coordinator, and other persons knowledgeable of the student's situation, then discuss the problem and reach a consensus on the action to be taken. Typically, the recommended action is that the coordinator contact the parents and attempt to get them and the child to the appropriate community resource.

The coordinator assists the family in initial contacts with the agency, then follows up at a later date to determine that the family receives maximum benefit of the service. A feedback to teachers making referrals has been provided through brief reports as well as personal contact.

In our program for example, we might confront the fairly typical problem of a child who cannot read. His third-grade teacher realizes it, of course; but the limited amount of extra attention she can give the child is not adequate for solving the problem. The parents are aware of it, but they too may feel helpless to do anything about it. Most of all, the child himself realizes it; but often the more he tries to master reading, the poorer he does.

There are numerous factors which might interact to produce a reading problem. Contributing factors over a period of time may produce secondary symptoms. Soon it becomes impossible to separate cause from effect.

The first thing the service coordinator does with a problem of this nature is to determine if there are resources in the community for dealing with the problem. Thus, the service coordinator is not just a counselor, but rather a person who is knowledgeable about community resources and who sees that children receive the services they need.

When local resources are unavailable, the coordinators use their knowledge of the child, school, neighborhood, and community in an attempt to develop a new resource.

A volunteer tutoring program, for example, scheduled within the routine school day may alleviate the problem for many poor readers; it may also provide a

means of addressing related behavioral or emotional difficulties through interpersonal relationships developed on a one-to-one involvement.

Referral of a sizeable number of students with reading problems may document a previously-suspected need. The data could influence the superintendent or Board of Education to employ a reading specialist.

Coordinators in the Oklahoma project have been instrumental in organizing several new resources: a big brother-big sister type of program, a community club, tutoring programs, teacher's "worry clinic," student and parent groups, a 4-H club, the school as a field placement for student nurses, and special tours.

In each instance, a need—indicated by teachers' referrals—dictated the nature of the resource to be developed. With the need determined, school and project staff planned the type of program desired; then the coordinator contacted groups, agencies, and individuals who might be helpful in providing the service.

Students from two institutions of higher learning volunteered to help, as did parents and church groups. Social, psychological, and psychiatric services were made more accessible through active agency cooperation and coordinator influence. VISTA workers assisted in one tutoring program, complementing a service staffed by volunteers from a Future Teachers of American chapter and a church group.

Clearly a child's reading problem, as well as many other difficulties experienced by grade school youngsters, can fall within the purview of social services. While there exists a continuing need for individual student counseling in elementary schools, the project has focused its intervention points on the family, school, neighborhood, and community as interacting systems. The student's apparent need for social services could be altered by positive changes in any of the systems impingeing on the child. Through the use of consultation, referral, follow-up, and resource development the service coordinator serves as a medium through which these systems can interact more effectively in order to meet children's needs.

Planners were convinced a greater impact could come from bringing in strong community organization than would be possible just with the addition of one more counselor. The non-counseling role was also determined by the critical issues of staffing and funding a program which, if successful through its pilot stages, could be expanded and incorporated into a Statewide plan for children's services. It appeared unrealistic to anticipate extending one-to-one school counseling services on a Statewide basis; rather, planners took the position that potentially adequate resources existed to cope with children's problems if those resources could be mobilized and focused. The "service coordinator" role, as well as project organization, evolved from these needs and beliefs.

"Reps from several agencies participated in planning effort."

Representatives of several agencies participated in the planning effort. The State Department of Education and the State Department of Mental Health assigned parttime consultants to the project: the State Superintendent of Public Instruction queried superintendents of several school systems about their interest in the proposed project.

A multi-agency committee selected the four original participating school systems. Each system designated the school within its system which would house a service coordinator; the assignment was also made in cooperation with the school's principal.

While our State office has provided supervision for the coordinators, the distance between locations meant that the supervisor could only visit each site every 10 days to two weeks. He was normally available by telephone, but on a day-to-day basis. The coordinator necessarily relied on recommendations of the school service committee for guidance on individual referrals.

Ideally, the school service committee has consisted of principal, referring teacher, service coordinator, and others having knowledge of the child's situation. When available, others attending service committee meetings have been the visiting counselor, speech therapist, nurse, DISRS caseworker, psychologist, and others. This committee reviewed referrals and made recommendations for disposition; the coordinator acted on these recommendations.

The service coordinator offered input in committee meetings, but he could be out-voted. In this way, the school staff led by its principal exercised a degree of control over the activities of the coordinator. Without this control element, I am convinced the program would have been unacceptable to most schools.

In practice, school service committees have produced essentially sound decisions. In the few instances in which disagreements arose, school administrators, consultants, and supervisory staff readily resolved the difficulty to their mutual satisfaction.

The service committee also served as the mechanism for bringing together the expertise and philisophy of the cooperating agencies. It was an effective in-service training device and offered a forum for communication among the school, DISRS, and other agencies. Each organization learned about the problems and strengths of the others, so that ultimately they might each better serve the needs of children.

An analysis of data collected the first year indicated that an average of 18 per-

cent (203 children) of the 1,099 students in the K-3 group were referred to the coordinator. The range, however, was from a low of 2 percent in a large school where numerous factors impeded referral, to a high of 40 percent in a small school involved in a Follow-Through program. Ignoring these high and low extremes, the other two schools referred 23 percent of students in the target group. In addition, teachers referred 65 upper-grade students on an emergency, short-term basis.

Boys were referred almost twice as often as girls; Indians were referred twice as frequently as whites and blacks. About half (46 percent) of those referred were already known to DISRS through AFDC, but the remaining 54 percent were not known to that agency.

Physical problems—acute illness, sight and hearing deficiencies, personal hygiene,—constituted the largest single number of referrals. Emotional disturbances were the second highest referral category. Teachers, of course, could identify social and intellectual difficulties, but physical and emotional problems did account for more than half the total number of referrals.

I should also note, by the way, that 29 percent of students referred had one or more members of their immediate family come to the attention of the court during the year.

The project was extended to two additional locations the second year. Six coordinators were available, and 415 children in the K-3 group were referred the second year, compared with 203 students the first year.

Complete analysis of second-year data is not yet available, but the number of referrals alone suggests the program has achieved greater acceptance and understanding of school personnel.

With the close of the demonstration phase, project staff have gained a better understanding of the service. Coordinators lacked a secure peer relationship. They were social work employees of DISRS, but related on a daily basis with teachers and other school staff. Being "neither fish nor fowl," they felt isolated and required frequent supervisory support—support which became difficult to provide from our State office as the number of coordinators grew.

The solution to this problem lies in effectively transferring administrative and supervisory responsibilities for the program to local county offices. Supervisory support, as well as peer associations, should then be readily available.

Service coordinators unanimously expressed the opinion that they could work with a larger group of children. For demonstration purposes a small, K-3 group proved critical; but in an on-going service program, coordinators believe they could accept referrals on all children in two grade schools.

In view of the support of local communities and school systems, DISRS anticipates maintaining and gradually expanding the service coordinator program as an integrated component of its Division of Social Services. Continued consultation from the State Departments of Education and Mental Health, however, is essential.

DISRS may seek the support of other appropriate local, State, and Federal agencies as well. Model Cities, for example, may be a resource in one participating city. The Superintendent of Schools in that city serves on the Model Cities' Education Task Force. He interested other Task Force members in the service coordinator program. As a result, Model Cities is now considering an agreement with DISRS for funding a coordinator program which would serve all the elementary schools in that community.

Inter-agency involvement in the pilot program aided in the planning, implementation, and development of a very promising social service. Inter-agency cooperation may solve those recurring problems—funding and staffing.

Mr. Powell is Technical Director for "Community Services Coordination in Elementary Schools" in Oklahoma.

Educational consultants help the Department of Welfare in Denver to coordinate many social services for public school children.

RUTH REYNOLDS. The Division of Services for Children and Youth, a part of Denver's Department of Welfare, has found it enormously helpful to use an educational consultant to evaluate a child's educational needs and problems in order to coordinate the Department's services with those of the child's regular school program.

There are many specialized services in the public schools today which are funded through Title I of the Elementary and Secondary Education Act. For example, some schools may have special reading programs which supplement the public school program for a child.

All schools have speech therapists; each year additional classrooms for children with learning disabilities or perceptual problems are added. Thus, some type of evaluation of a child by a consultant outside the school system can be extremely valuable in selecting and coordinating remedial programs offered by both the Department and the regular school program.

During the past six years we have had the services of such an educational consultant whose assignment is to either supplement the school's evaluation of a referred child, do an educational evaluation of the child in his school, or analyze the school records and interpret the child's educational needs. After this evaluation, the educational consultant also assigns a tutor to the child (if necessary) and coordinates the tutor's work with the child's special educational needs in the school.

The first step in our program begins when the child has been referred by his child welfare worker. In the process of fashioning a diagnostic work-up, the educational consultant gathers information from conferences with the child's welfare worker, teachers, the principal, and other school personnel. With the principal's permission, the child may also be observed in the classroom setting.

In addition, school and department records are studied. Following an interview with the child, a battery of educational tests might be administered. These could include the Frostig Test for Visual-Motor Integration, the Illinois Test of Psycholinguistic Ability, the Developmental Test of Visual Motor Integration, the Peabody Picture Vocabulary Test, the Perceptual Motor Survey, the Wepman Test of Auditory Discrimination.

Some of the achievement tests administered might be the Wide Range Achievement Test, the California Achievement Test, the Gates-McKillop Reading Diagnostic Test, Gray Oral Reading Paragraphs, and the Peabody Individual Achievement Test.

The strengths and weaknesses of the student can be brought into focus. Also the educational needs can be grouped under a general area of disability, such as emotional, perceptual, or retardation. There is usually an overlapping of characteristics, so priority is given to the major need.

After making the determination of the educational needs, the educational consultant matches these with an existing educational program. The first resource considered is always the existing programs within the public school setting.

The local school is first explored and special programs are investigated—not only complete programs, such as the Special Education Developmental or the Resource Room for the Educationally Handicapped—but also special programs extended to students in regular classrooms such as reading labs, remedial reading programs, and tutoring programs.

Many public school programs are now available for children with special needs, and the growth and development of many programs in recent years has been most encouraging. The professional knowledge and expertise of school personnel has greatly increased, also. The emergence of the educational diagnostic specialist within a complex of schools has been helpful to the total programming available.

Since the programming in the public schools is used first, this may involve the placement of a child in a different class

or even in a different building. This requires the educational consultant to have a working relationship with the public school personnel. The school administrator has the final decision for changing programming or making application for special educational placement.

There are occasions when the facilities of the public school cannot meet the needs of the child. That's when the educational consultant explores other schools in Denver. Private schools such as Colorado Hearing and Speech, Denver Mile-Hi, Innsmont, Skill School, and Wallace Village meet specific educational needs of some children. However, these are considered "interim" placements and a return to the public schools is the goal. Generally speaking, a two-year period or less is considered appropriate for remediation.

Tutoring services were provided for 22 students.

In the school year 1969-1970, there were 180 children referred for educational services. Fifty-six of these were in special education classrooms or a special setting. Eighteen of these were new applications for special education placement. Of these, 14 had been identified and their applications initiated by the education consultant.

Tutoring services were provided for 22 children and paid for by a contribution from the Sara A. Brown Fund, a private fund. Four children were served by volunteer tutors and three were given special services, such as speech therapy. There were 24 children enrolled in special day schools and the department paid the tuition. Five preschool children received special services such as physical therapy, and occupational therapy.

During the summer of 1970, 13 children had a complete educational evaluation by graduate students of the University of Denver School of Education. Another 15 children received complete educational evaluations from D.U. graduate students who were assigned to other organizations, such as the Innsmont School, West Side Neighborhood Health Center, and the Denver Developmental Center.

In the school year 1970-1971, there were 262 children referred for educational services. Seventy-one of these were in special educational settings or in a special education classroom of the public school. Fifteen children were assisted in making an adequate adjustment to public school from special educational settings, such as one of the private schools, or from residence in an institution.

Fourteen children received complete educational evaluations and five children received remediation by the graduate students assigned by the School of Education at D.U. Twenty-one children received a one-to-one remediation by tutors paid by the Sara A. Brown Memorial Fund. Twenty children were enrolled in private schools such as Colorado Hearing and Speech, Denver Mile-Hi School, Innsmont School, Skill School, and Wallace Village.

The most important indicator of success for children must be a zero factor: for the first time in six years there were no children for whom we were responsible who were expelled from the Denver Public Schools.

During the summer of 1971, a number of children continued in the summer school programs in private schools, and many children attended summer school programs offered by the Denver Public Schools. Also, the Denver University School of Education testing programs was continued. There were six graduate students assigned to the Department and 11 children received complete educational evaluations. Since September 1971 there have been 177 children referred to the special education consultant. The primary educational needs of these children can be listed as:

perceptually handicapped	55
mentally retarded	47
emotionally disturbed	40
academically retarded	15
language, speech disability and hearing loss	14
physically handicapped	4
miscellaneous	4
blind	1

One of the services of our educational consultant has been to determine needs of children who might be remediated with the assistance of a one-to-one relationship in tutoring. An educationally handicapped specialist has been engaged for the last two years to tutor children who have been diagnosed as perceptually handicapped and who are not receiving special help from the public schools.

This specialist provides two full days of tutoring each week. Her service has been especially helpful to children with very specific educational needs. She also assists children returning to regular classrooms who have previously been in private schools. She is currently working individually with five children within their own school building.

In March, 1969, a committee was established for review of foster home replacements of children. The children for whom the third foster home was requested were referred to this committee in order to assist the child's social worker in determining the special needs of the child and the type of placement required for the child.

The educational consultant was asked to participate when children with learning problems or school problems were staffed. Prior to each staffing, the educational consultant contacted the school for current information regarding the child's functioning in school.

During the 1969-70 period, there were staffings for 36 children. Of these children, 13 had previously been referred for

educational services. It is interesting to note that most of these 13 were children who had been diagnosed as perceptually handicapped. The same kind of behavior which was not tolerated by the schools was not being tolerated by the foster family, and it thus created another move for the child.

During 1970-71, there were staffings for 11 children. Seven of these children had been referred for educational services prior to staffing.

Good educational placement implies sound evaluation and diagnoses. We have been greatly helped by the cooperative program of the School of Education, Department of Special Education of Denver University. The graduate students who are working toward their state certification for the educationally handicapped and their master's degree from

D.U. graduate students help public schools evaluate needs.

the University of Denver have been assigned to our agency since the summer quarter, 1970.

The summer program of 1970 presented the opportunity for the educational consultant to do a complete educational evaluation of 14 children. Of these, nine were preschool-age children who might have possible learning disabilities. As was anticipated, all nine children were diagnosed as having learning disabilities.

A different educational placement was made for each of the children. Each school setting received a copy of the educational evaluation done by the D.U. graduate student. Conferences were held with the teachers and staff to assist them in their work. Also, each child was reviewed during the school year. All the preschool children (except one) were successful in their school placement.

During the fall, winter, and spring quarters, the D.U. School of Education assigned two students per quarter. Their responsibility was to remediate one student and complete an educational evaluation for two additional children. The remediation was carried out within the school setting, with the cooperation of the classroom teacher.

This one-to-one experience was very helpful to the child who was not then receiving any special help for his learning disabilities through the school program. Fourteen children were included during these three quarters to receive a complete educational evaluation; five received remediation.

Through this cooperative program with the School of Education we have been able to identify a large number of children with learning disorders. Although identification is of primary importance, the educational success of the children rests in a follow-through and follow-up program, and this responsibility rests primarily with the educational consultant.

During the school year 1970-71, 15 children were assisted in making an adequate adjustment to the public school after being in private schools or returning from institutional placement.

Probably the two children needing the most service were two boys returning from private day school for remediation of perceptual problems. Both were returned to regular classrooms within their own district public school. Neither of these schools could give any additional services. In both cases, conferences were held with the principal of each school before school started. This was done to give the principal knowledge of the child so that a more helpful assignment of the student to a class and a teacher could be made.

We offered and provided the tutoring services of our educationally handicapped specialist, who worked individually with each boy within his own school setting twice a week for an hour each session. This continued throughout the school year; this year both boys are still in public school and are not receiving tutoring.

Of the other 15 children, six were returned from parochial schools. One of these was returned to a foster home placement after two years of treatment at the Colorado State Hospital, Children's Division. This child is multihandicapped; he had been diagnosed before treatment as psychotic and he also had the Russel-Silness syndrome, which included physical abnormalities and mental retardation.

The principal of the local school was advised of his needs and we shared the necessary testing information and social history along with a request for special education placement in the developmental program. He was accepted and placed in a special education classroom in his own district public school. His adjustment was extremely satisfactory.

There is also a constant need for the educational consultant to continue to evaluate students and their placement, because the educational needs of children change as they progress in special educational settings.

One child was moved from an educationally handicapped program in a neighboring school to a special education developmental program in her home school to help her in adjusting to a regular classroom at a later date within her own school. This second placement was made at mid-semester; she made quite a good adjustment in the regular classroom and will be continued there.

Another child was moved from a private preschool program to a specialized kindergarten level program for his language disability. This child had been evaluated in the summer cooperative program with graduate students from D.U. and the testing indicated severe language disability along with some articulation difficulties.

There has been a large increase in the number of referrals for educational services. In the school year 1970-1971 there were 262 children referred as compared

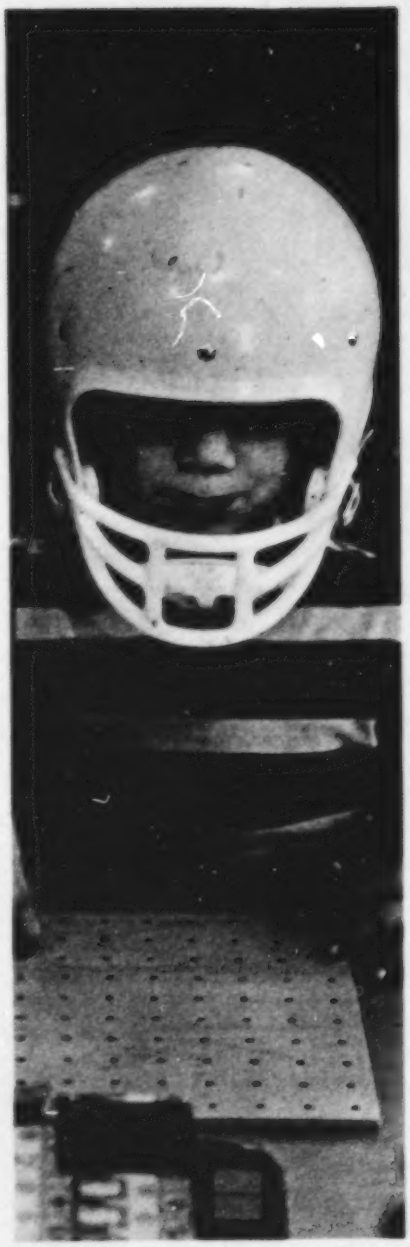
to 180 children referred in the school year 1969-1970. One child, for instance, age 7 years and 9 months, was referred to the educational consultant in the spring of 1970. At that time he was not in school; he had been expelled from school during both kindergarten and first grade because of his behavior.

He was placed in foster care about the time he was referred for educational services; he was placed in the first grade of his own district public school. Although the child welfare worker and educational consultant worked closely with the school and especially his teacher, the child's progress was slight.

During the summer, the child was given tutoring services. His tutor was a retired reading specialist. Although the child seemed to enjoy the one-to-one contact, he did not progress academically the way the teacher had hoped. During the same summer a complete educational evaluation was processed and it was not surprising to find that the child had some perceptual problems that were interfering with his school performance. At the time of testing, the child was chronologically 8 years and 0 months old, but the total VMI (Visual Motor Integration) score was 4 years and 9 months. The achievement scores on the Wide Range Achievement Test were as follows:

Reading	1.4
Arithmetic	1.4
Spelling kdg.	0.8

In September, the child was programmed by the public school to enter second grade. This particular setting was a second-grade complex; there were over a hundred children with three teachers in one large open classroom. With the child's educational needs, it was obvious that he would not survive the program. The only other alternative that this school could offer was the possibility of a self-contained classroom if there would be an overflow of children. It was decided to request transfer to another public school, which was granted.



The child was placed in a regular second-grade classroom with thirty students. The teacher was an extremely skilled as well as an experienced primary teacher able to impart the necessary structure, motivation, and skills. We submitted the educational evaluation to the school with a request for consideration in the special education program for the educationally handicapped child. The child was accepted into this program and was given the additional help of the educational consultant, with one hour per day tutoring for remediation. The consultant was able to work closely with the classroom teacher and was able to help the child by setting limits as well as remediating the perceptual problems.

The child's Stanford Achievement Test score indicated tremendous growth in academic achievement. There was grade placement in all subjects except three and above grade placement in five subjects. The average of these scores was exactly at grade placement. (Grade level expectation was 2.7) The scores were:

Word Meaning	2.9
Paragraph Meaning	2.9
Spelling	1.9
Social Studies	3.1
Science	3.1
Word Study Skills	1.7
Language	2.6
Arithmetic Application	2.7
Concepts	3.0

This one case indicates, we think, the value of having an educational consultant within our system. The educational consultant can evaluate, refer, arrange for new services for the child, and in general make better use of all the educational resources available in the community.

Ms. Reynolds is the Supervisor of the Division of Services for Youth and Children in the Denver, Colorado, Department of Welfare.

Two agencies in San Diego offer learning experiences to emotionally disturbed children which help them adjust.

L. GEORGE HORNE. When two agencies—one private, the other public—combine resources and objectives, there is a better than even chance that children will receive greater benefits of service. At least, that's been our experience in San Diego.

The San Diego Children's Home Association works in conjunction with the San Diego Unified School District to provide an educational component for children with severe emotional disturbances.

There are two significant features about our operation. First, on the operations side, we have combined efforts so that our agency provides the two classroom buildings and their maintenance on our property on Kearny Mesa in the City of San Diego. The San Diego Unified School District, one of the largest in the State of California, provides all five teachers, five classroom aides, some of the teacher assistants, and approximately 95 percent of the instructional materials, school supplies, and classroom furniture.

The second—and most significant—feature about our operation is the philosophy behind our assistance to the emotionally disturbed child. Most theories of maladaptive behavior are based on the "disease concept": abnormalities in behavior are considered to be symptoms of an underlying neurosis or psychic illness. Today, however, more educators and psychotherapists are advancing the view that behavior which is harmful to the individual or which departs widely from accepted social and ethical norms should be viewed not as some kind of disease but as the person's own "learned way" of coping with environmental demands. Thus, we attempt to provide an educational component that helps the child to cope more realistically with his environment.

Our agency is multi-service oriented. We provide residential treatment, day treatment, and group home services to 55 emotionally disturbed school-age children (ages six through 13). On the Kearny Mesa campus we have five classrooms: three (in the Cosgrove School) are part of the residential treatment service and can handle 24 children, two (in the Canyon School) are part of the day treatment service and can handle 16 children.

The development of this type of program has been gradual and, we feel, well planned. The San Diego Children's Home Association, a nonprofit charitable corporation, was begun in 1887 for the purpose of "providing a home for needy women." One year after its founding, the Association branched out; it opened a day nursery to care for the children of working mothers. Later, the Board of Managers petitioned the City of San Diego for five acres of land in what is now Balboa Park. Following a successful fund drive, the Board built a home for dependent and neglected children on the land granted by the City. The program for "needy women" gradually phased out, as the day nursery program gained in strength.

For the next 67 years the agency continued at the same address, modifying the program as necessary but with no startling changes. Then, in 1957, under the current administration, the Board of Trustees decided to develop a new multi-service facility with primary emphasis on residential care for emotionally disturbed children. (Concurrently the first crosstown freeway was about to bisect the San Diego Children's Home campus.)

The area selected for our new Center was in the early stages of community development. Schools including elementary, junior high, and senior high were close by. Shopping facilities, medical services, and limited off-campus recreational facilities were also available.

In recent years other public and voluntary social agencies, more hospitals, schools (including a junior college), shopping centers, and other resources have been built in the surrounding area. These have enhanced, rather than deterred from, the operation of the Center.

Included in the plans for the 30-bed center was a single classroom designed for 10 children. The building housing the classroom was designed to permit modification later, should more classroom

space be needed. (Consultation on classroom design and size was provided by the San Diego Unified School District.) The Center was dedicated in August 1959.

Simultaneously with the San Diego Children's Home Association's move to Kearny Mesa, the San Diego USD launched a pioneering educational project — an experimental center for emotionally handicapped children. The project was on the grounds of Jones Elementary School, less than two miles from our new San Diego Children's Home.

The administrative staff of the San Diego Children's Home participated in the shaping of the original design of the project; however, the responsibility for planning and implementation was carried by the Guidance Department of the San Diego USD.

The experimental center opened in the fall of 1958 to serve "that small number of children who are not mentally retarded or psychotic, but whose emotional problems are so severe and deep-seated that remaining in regular or adjustment classes is not beneficial to them and is extremely deleterious to the rest of the class."

The project called for one classroom to be established on the grounds of the San Diego Children's Home Association and two at Jones Elementary School. But it was not possible initially to find three qualified teachers; therefore, the two available teachers were assigned to the Jones Elementary School campus.

Nonetheless, approximately one-third of the children in the project were then in residence with us and transported daily to Jones Elementary School. Orientation sessions for both teaching staff and the residential center staff were followed by case reviews on a regularly scheduled basis. As mutual trust and understanding began to develop between the Jones Elementary School and the staff of SDCH, the children began to improve scholastically and emotionally.

Meanwhile, the rest of the Jones experimental project was experiencing difficulties. Communication with outside therapists was not easily arranged, nor were conferences with parents as productive as they might have been.

Teachers were not able to stand the stress of the long work day and the constant emotional drain caused by the nature of the program. Only teachers assigned to the program supervised recess and the noon hour breaks, held in segregated areas of the campus.

The principal in all of Jones, an unusually competent and able administrator, found very little free time for school problems other than those created by the two classrooms constituting the experimental project.

Retention of faculty was next to impossible. Support services from the Guidance Department—though competent and generous—were not sufficient to ease the stressful situation.

After three semesters of gallant effort on the part of all concerned (and following much negotiation among the administration of the GuidanceDepartment, the City Schools, Jones School Staff, and SDCHA), it was mutually decided that the Jones School Project should be reduced in size and scope and re-located on the grounds of our new San Diego Children's Home Association campus. We all further agreed that priority placement in the new setting would be given to children already in residence at the Center. One of the teachers — the only one who had remained with the project from the start — elected to continue with the program in its new home.

On March 14, 1960, with an enrollment of 10 children, the Cosgrove School was founded. Financing continued to be the sole responsibility of the San Diego USD (except for State average daily attendance monies). Finally, in 1964 the California State Legislature made it possible for the State to reimburse school districts with special classrooms for emotionally handicapped and neurologically handicapped children. The law noted the classrooms could be located either on the grounds of a public school or of an approved public or private voluntary institution providing mental health services to school-age children.

It should be emphasized that the San Diego Unified School District, prior to the enactment of AB-464, was a leader among the school districts in the State in providing adjustment classes for troubled children. With the additional funding from the State, the adjustment classes were upgraded; classes for the "emotionally handicapped" were also added. As a result, during the first year following enactment of AB-464 the San Diego USD had in operation more than 50 percent of the "E.H." classes in the State of California.

Cosgrove School was, for the most part, initially administered and supervised by the Guidance Department. For the 1967-68 school term, however, the School District decided to transfer all administrative and supervisory responsibilities for the school from Special Education to the District's Elementary Education Division.

Neither the School District nor our agency has felt it necessary or practical to draw up a formal contract. The working agreement between SDCHA and the San Diego USD has been built on trust. Because of the nature of the working relationship, it has been possible to discover and explore, test out and demonstrate—at least informally—new ideas and concepts in the treating and teaching of severely emotionally disturbed children.

It would be less than honest to state that relationships between our agency and the School District have never been without anxious moments. There have been times when the agency has been impatient with the School District's replacement of an unsuitable teacher at the Cosgrove School. Likewise, administrative staff of the District have expressed displeasure when the San Diego Children's Home has attempted to lean on the system to obtain more services. There

have also been times when teachers have been "caught in the middle" of a territorial dispute between the two systems. Nonetheless, all such matters have been resolved without serious complication or dysfunction.

There are now five classrooms located on the grounds of the San Diego Children's Home Association. The three classrooms of the residential treatment center and the other two of the day treatment program are quite different in operation.

The comparisons and differences were best summarized by Ronald Goldsmith, MSW, who served as a social worker both in residential treatment and in day treatment: "In residential treatment, the residential unit and classroom are essentially separate experiences and separate programs with separate staffs. Children live in the residential units and are provided a therapeutic milieu with appropriate individual and group experiences provided by unit staff.

"During school hours children attend school in classrooms on-grounds staffed by teachers and teaching assistants provided by the San Diego Unified School District. Communication between classroom staff and unit staff occurs in various forms — daily roundups, weekly conferences, teacher participation in treatment-team meetings, and so forth; however, treatment planning and educational planning are generally handled autonomously by the unit staff and the classroom staff respectively, at least on a day-to-day basis. The social worker's role often takes him into acting as a bridge between the resident staff and the teaching staff outside of regularly scheduled contacts.

"In day treatment the team concept prevails and there is much overlap of roles. The teacher is an active essential member of the team on a day-in, day-out basis. Treatment plans and techniques are modified as often as necessary through this daily interaction. The nonteaching staff actively participates in the school program in such supportive ways as tutoring, crafts, recreation, and class meetings. Thus, there is continuity throughout the day in child-staff interaction.

"In addition, both children and staff, through this contact, tend to experience one another very fully as *people* rather than just as *roles*. This is especially rewarding and helpful in preventing the kinds of resistance which emerge in children who perceive certain adults in authoritarian roles. When and if these projections occur, the child can be confronted with the reality of the many nonauthoritarian roles in which the adult in question engages with the child."

Most children who are emotionally disturbed have at least limited ability to relate to more than one system. In other words, it may be that for the child in residential treatment the on-grounds school does not need to be wholly integrated as in day treatment. The educational experience may well provide a brief respite from the unit milieu—and vice versa.

Voluntary agencies serving children and school districts can successfully plan and develop joint school programs. To accomplish this, there must be an "open system," a willingness to let those immediately involved work out the essential operational details. There must be administrative constraint on the part of the school district and the agency as well and an expressed belief and respect for each organization's integrity and professional competency.

There must also be a concern and a commitment on the part of all concerned that integrated education of the emotionally disturbed child is an essential element of the treatment process. Finally there must be a funding mandate utilizing voluntary, local, State, and Federal funds to assure development and perpetuation of programs especially designed for these children. **IN**

Mr. Horne is Executive Director of the San Diego Children's Home Association, California.

A variety of confidential services, including continuing education, counseling, and residential care, is provided to married and unmarried mothers in Oregon.

STUART R. STIMMEL. Pregnant girls of school age undergo an amount and a quality of stress that few adults could handle. In the past—distant past, thankfully—punishment, disgrace, and some kind of exile was meted out to the girl. But we have become more compassionate, more understanding—more *civilized* —about such a situation.

A variety of social services have been designed in recent years and are generally available to young married and unwed mothers. Now we see yet another positive development: the joining of these social services with the services offered by our schools. Our own experience is a case in point.

The Boys and Girls Aid Society of Oregon, located in Portland, has developed a multi-phased confidential maternity service which is available to both married and unmarried mothers. The service was first inaugurated in 1945 when our agency restudied its priorities and decided that it needed more comprehensive service for expectant mothers. As the program developed, it was made available without restriction as to age, race, or financial status to mothers throughout Oregon and to those from other States who left their own communities and came to this area.

After 1945, our program developed rapidly. During 1950, 227 mothers were assisted and 128 babies were born under our care. During 1954, 340 mothers were assisted and 173 babies born. However, it became obvious to all of us as the program continued that one important element was missing: education.

Between one-fourth and one-third of the pregnant girls coming to us had not yet finished high school. Some were still in grade school. In most Oregon schools at that time pregnancy meant immediate dismissal from school. Some schools were reluctant to readmit a girl if they knew of the pregnancy.

Many girls became permanent school dropouts because the pregnancy became a matter of record and influenced every school's attitude toward them. Most families were very anxious to prevent the school and the community as a whole from knowing of the pregnancy.

The need for an educational facility as a part of our total program was discussed with legislators in 1953 and 1954. The 1955 legislature enacted a bill directing the State Board of Education to provide us with the necessary teachers and instructional materials.

The expectant mothers would come each day from our group homes and family homes to attend school in our headquarters just as they would go to any regular school. But we pay the full cost of providing and maintaining the physical plant (and additional secretarial help).

Our school started in the fall of 1955 using as much space as we could make available in our headquarters building. In 1956 an addition to our headquarters was constructed specifically to house our school. The school has been in continuous operation now for seventeen years.

In talking about our school, we have frequently described it as the modern adaptation of the old fashioned one-room school house. It has four interrelated classrooms, designed for highly flexible use. The school has a capacity for 25 girls at any one time. Total attendance during a calendar year, including summer school, has ranged from 50 to 100 girls. The school includes all required high school courses except the laboratory work in science. Elective courses include languages, complete business courses, art, music, film, drama, and sewing.

It was clear that such a school could not function in any traditional fashion. Pregnant girls would be coming to us all during the year from many different States, as well as Oregon. The schools from which they came would be teaching different subjects and have different requirements. The girls would not start together and continue through a prescribed course of study. Of course, not all girls registered in the school would be in attendance at one time.

Girls might be away for a variety of reasons—including, of course, hospitalization when the baby was due. After the baby was born they could continue in school to finish the term and would even be able to complete the work by correspondence, if they had to return home but were close to fulfilling course requirements.

From every girl who wanted to attend our school we obtained full information

as to what she had previously accomplished and what the requirements of her school might be. We needed to help her return to her school under the best possible circumstances.

It was apparent to us that confidentiality could easily be violated in securing information. The Society and the State Board of Education agreed that our school should become part of the Portland Public Schools, which would then be reimbursed by the State Board of Education for the expenses involved.

A close relationship with the Portland Public Schools enabled us to become, in effect, a subdivision of one of the large Portland high schools. This meant that all letters going to the girls' original schools would be typed on the regular letterhead of a Portland high school. Similarly, all credits earned by a girl were recorded in that high school; the records did not indicate that she had been housed at our school.

The dean of girls in the high school of record was our special liaison person. The program worked so smoothly that the high school as a whole was unaware of its existence. Even the principal had no direct connection with it; although he knew of its existence, he was not involved with the girls who were registered.

The success of the confidentiality was illustrated not long ago when the dean of girls told us about a letter which had come to the principal from a leading eastern university. The letter informed him of an exceptional honor just conferred upon one of his graduates: a special fellowship for international postgraduate study. Upon receiving the letter the principal went to the dean of girls. He told the dean this was a great honor for the school—but he could not remember anything about the girl at all. Of course, the dean—and we—did.

Obviously, the school was only going to be successful to the extent that the girls wanted to attend. All new girls were, therefore, exposed to the school, even though they had said they did not think they would want to enroll in it. We have always encouraged all school-age girls to attend, if we were providing them with residential care. However, enrolling has never been a requirement.

Girls with their own living arrangements were eligible only if we believed they could respect the confidentiality of the other girls. If a girl continued to live at home but gossipped of her pregnancy, she could no longer attend our school since we would have to assume that she might also talk about the other girls. We would still, however, provide her with medical care and counseling services.

Possibly because it was not mandatory and was so highly individualistic, participation in the school program was extraordinarily high. Even those girls who were originally positive they would not want to enroll nearly always decided to do so. Most of them showed a definite improvement in the quality of their school work.

It was apparent that school took on a new meaning for many girls who, with professional help, were for the first time coping with adult responsibilities of their own future and the future of their children soon to arrive.

Our services are offered to expectant mothers to help them in making plans for themselves and for the welfare of their children. These services are flexible, designed to meet a wide variety of individual situations; some mothers might need all our services, while others might only use a few.

The Society offers confidential counseling services, maternity medical service, residential care, post-natal care, specialized care for the child, and the school. We also decided to open our program to married parents if they needed a confidential maternity service.

Many people want objective counseling before deciding whether a pregnancy should be terminated. The Society's staff of professionally qualified counsellors are highly experienced in assisting expectant mothers in their immediate emergency, as well as helping them cope with the future for themselves and their children.

The maternity medical service offers full pre-natal medical care and confinement and a post-partum physical examination through a special arrangement with a leading local hospital. However, expectant mothers who wish to do so may make their own arrangements for medical care.

Our qualified, professional social work staff has the time to work closely with all clients. With school-age girls this usually means a great deal of work directly with the family. The expectant father and *his* family are included, if they and the mother desire it. We feel that the expectant mother's personal adjustment, her relationship with her family, with the father of her baby, her planning for her child, and her own personal future are important for every client regardless of age.

The Society provides residential care in a number of carefully supervised group homes and family homes where girls may live in a congenial and understanding environment. Other community facilities are used on an individual basis when they are preferred. But most adults and many others prefer to make their own living arrangements. The Society also provides residential post-natal care for those mothers who need it.

Our specialized care includes a Protected Adoption Service staffed by specialists in that field. For those mothers who need time to consider their future plans, the Society provides temporary infant care under expert supervision. Special assistance is also available for mothers who plan to keep their babies with them.

In light of these varied and complex social services for our pregnant clients, we handle all aspects of our educational program with great care. For example, it is vital that we select teachers with special capacities for the individualized teaching involved in our school. In a very real sense, a teacher has to sit down with each new pupil and devise the

course of study most appropriate in her case.

Some girls come to us in the very early stages of pregnancy. Others arrive only shortly before the baby is expected. Some are seniors and will graduate here. Others may still have a number of years to complete in their local school. Some stay with us until the end of the normal school year. Others leave at mid-term or at any other time dictated by individual circumstances.

The teachers have found that the school offers great educational opportunities. They can work with a girl at her own pace in terms of her own circumstances. They can help develop any special talents of individual students. All the teachers have their degrees in special education and are able to concentrate in three or four subjects.

One teacher is with us full time. Three others are on a half-time basis. The teachers are almost entirely free to concentrate on their educational tasks. Clerical chores are held to a minimum. Even the responsibilities ordinarily carried by a school principal are carried on by a social worker assigned to this.

Of particular importance is the teacher's attitude toward out-of-wedlock pregnancy. We have been fortunate in securing teachers with a broad range of professional qualifications who are also relaxed and able to work comfortably with girls in that situation.

All the teachers have weekly conferences with the professional social work staff and whatever daily conferences are warranted by particular circumstances. At these conferences the teachers share their observations of each student—how she functions in school and how she is handling her school work. They also share any written material she has done as a school assignment.

Basic attitudes are manifested in school work. Depression, anger, and other emotions show up in essays or poetry. This information helps the social workers; on the other hand, data from the social workers permits the teachers to see a girl against a richer background. Frequently the social workers can help a teacher understand some particular aspect of behavior which is puzzling or annoying.

Because it is of importance to the girls, we have provided full graduation ceremonies with caps and gowns, commencement speakers, and all other traditional trimmings. A graduating senior will normally receive her diploma from the Portland high school with which we are affiliated. (In recent years—with the liberalization of other schools' attitudes—some girls want to, and can, graduate from their original school and receive its diploma.) Many students have graduated with honors and a number have been in the top rank of all those graduating from the Portland high schools. A substantial number have gone on to college or to special training.

Some girls have shown dramatic improvements. One came to us at the beginning of her junior year with so poor an academic record that her original school had seriously questioned moving her on from the sophomore class. After a slow start with us she was suddenly "turned on" and earned a straight "A" average for highly superior work. She had intended to quit school at the earliest possible time, but now she changed her entire attitude. That girl is currently enrolled in college with the intention of becoming a nurse.

One student was so anxious to attend the graduation ceremonies that she delayed her admittance to the hospital until the last possible minute. At the conclusion of the ceremonies she rushed to the hospital and arrived just in time to have her child.

In very recent years we have noted that confidentiality has been less of an overriding concern. It would be a mistake, however, to think that the girls and their families no longer require it. A girl may share knowledge of her pregnancy with her friends; but her family may feel very strongly that they do not want this known throughout the community. Some schools still have tight policies about it. Other schools are much more relaxed.

As always, we have attempted to adapt our services to meet the particular needs of the individual client. Our services are private and confidential. The girl and her family choose to whom and when they wish to share this information and on what basis.

For the first 15 years there were many more girls applying for our confidential maternity service—including our school—than we were able to accept. During the last two or three years our total service and the attendance in our school has remained substantial but we have not had to turn anyone away.

A major factor here has been the increased willingness of schools throughout the State to allow pregnant girls to continue with them. In Portland, each high school principal determines whether a girl should continue in his school or be referred to a special school for pregnant girls which the school district itself has established. (It is not related to our school.) These girls are living at home, are not asking for confidentiality, and are almost always determined to raise their own babies.

The school district has asked us to provide some social services to their schools to ease the many personal problems the students face. We have done this on a preliminary basis so far, but hopefully will be giving much fuller service in the months and years ahead.

All the services which the Society offers—from pre-natal to post-natal care—are given without regard to the client's financial status. Those who use all or part of the services are asked to pay if they are able to do so. But the Society has never denied care because of a girl's inability to pay. It never will. Obviously that would be totally out of keeping with the philosophy of our Society and the expectations of the people of Portland. ■

Mr. Stimmel is State Director of the Boys and Girls Aid Society of Oregon.

This article appeared in the September 1972 issue of HUMAN NEEDS, official monthly periodical of the Social and Rehabilitation Service, DHEW. We hope you find it informative and useful.

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